

CLAIMS ONLY

Application Number

Application Number
10/694 950

Filing Date

Applicant(s)

| CLAIMS | AS FILED 9/8/05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|--------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 4 | | | | | |
| Total Depend | 13 | | | | | |
| Total Claims | 17 | | | | | |

* May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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